Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FIL	ING			and the framework of the second
AGENCY NAME Division of Medicaid		CONTACT PERSON Margaret Wilson	TELEPHONE NUMBER (601) 359-5248	
ADDRESS		CITY	STATE	ZIP
550 High Street, Suite 1000		Jackson	MS	39201
EMAIL	SUBMIT DATE	Name or number of rule(s):	- Line	
Margaret.Wilson@medicaid.ms.gov	JUN 2 8 2018			
Short explanation of rule/amendment/r	epeal and reason(s) for proposing rule/amendm	ent/repeal: This final fi	ling (1) changes "or
urgent" to emergency fixed-wing ambul fixed-wing ambulance services, and (3) a requirements of the Bureau of Emergen Specific legal authority authorizing the part 2 U.S.C. § 1396a; 42 C.F.R. §§ 410.40, 4 Code Title 15, Part 12. List all rules repealed, amended, or susp	ance language, (2) adds language to re adds language to re cy Medical Services bromulgation of rule 14.605, 431.53; Mi	removes the prior authorizat quire a certificate of medical s for hospital to hospital non- e: ss. Code Ann. §§ 41-59-9, 41	on requirement for em necessity and complian emergency ambulance -59-41, 43-13-117, 43-1	nergency or urgent nce with the transportation. 3-121; Miss. Admin.
	ended by the prop	osed fule. Rules 1.1.11.5.1,	2.1-2.3, 2.0, 2.7, Hew rule	3 3.1, 3.2
ORAL PROCEEDING:				
An oral proceeding is scheduled for this r Presently, an oral proceeding is not scheduled.		Time: Place:		
subdivision, an agency or ten (10) or more p within twenty (20) days after the filing of thi telephone number of the person(s) making t number of the party or parties you represen arguments, data, and views on the proposed ECONOMIC IMPACT STATEMENT:	s notice of proposed i he request; and, if yo t. At any time within	rule adoption and should include u are an agent or attorney, the i the twenty-five (25) day public o	the name, address, emainame, address, email address	il address, and ress, and telephone
Economic impact statement not required	for this rule. Cor	ncise summary of economic imp	act statement attached.	
TEMPORARY RULES	PROPO	SED ACTION ON RULES	FINAL ACTIO	ed:
Original filing Renewal of effectiveness To be in effect in days Effective date: Immediately upon filing Other (specify):	Repeal ofAdoption Proposed final	(s) nent to existing rule(s) of existing rule(s) of by reference effective date: of the state of	X Adopted with cl Adopted by refe Withdrawn Repeal adopted Effective date:	erence
Printed name and Title of person authorized Signature of person authorized to file rules:	Jr. A	w Snyder, Executive Director		
OFFICIAL FILING STAMP		WRITE BELOW THIS LINE ICIAL FILING STAMP	JUN-2 8 MISSISS SECRETARY	
Accepted for filing by	Accepted for fi	ling by	Accepted for filing by	MI